Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

Contin NOTE	ued : <i>Ph</i>	fro oto	m p	age / th	2. is page before complet	ing u t	ave	more	e than	26 w	astes t			<u>, , , , , , , , , , , , , , , , , , , </u>	Form Approved OMB No. 158-S80
EPA I.D. NUMBER (enter from page 1)						T/A C	\ \ \ <u>\</u>								TAC
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IV.	T -				N OF HAZARDOU	S WASTE						*		To and the second	D. PROCESSES
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	SEPA	NOTIFICATIO	ZARDOUS	NASTE ACTI		INST IT	ONS: If you receive	red a preprinted					
	INSTALLA- TION'S EPA I.D. NO.	0406604	6228	<u>-</u>		information through it a in the appro	rect, draw a line rect information v. If the label is						
	I. STALLATION				1	below blank.	d correct, leave Item . If you did not reco	eive a préprinted	1				
	INSTALLA- TION II. MAILING ADDRESS	PLEASE PL	ACE LABEL IN T	THIS SPACE	1.50	single site water treated, stor porter's prin	ete all items, "Insta where hazardous wa red and/or disposed cipal place of busir	ste is generated of, or a trans less. Please refe					
Y	LOCATION III OF INSTAL- LATION		U	00421	1	CATION be information	RUCTIONS FOR F efore completing requested herein is 10 of the Resource (t).	this form. The required by lav					
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	BENDIX	AUTOLITE	CORPOR	ATION									
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A DE	B. TYPE OF (enter the appropri	OWNERSHIP into box) VI. T	YPE OF HAZARDOU	JS WASTE ACT				•	4				
	F = FEDERA M = NON-FE		X A. GENERATION 17 C. TREAT/STORE	Z/DISPOSE	- 		ATION (complete in	em VII)					
	VII. MODE OF T	RANSPORTATION (tran	nsporters only – ente	r "X" in the app	ropriate l	ox(es))		Mark Agency de	4.				
	☐A: AIR	B. RAIL GS	. HIGHWAY	. WATER	E. OTHER	(specify):		·					
		SUBSEQUENT NOTIFIC				Control State							
		propriate box to indicate whe irst notification, enter your Ir					activity or a subsequ	uent notifi catio ;	۱ ا				
	🛚 A. FIRST	NOTIFICATION [B. SUBSEQUENT NO	OTIFICATION (cor	mplete iten	<u> </u>	HD0660	11112	8				
	IX. DESCRIPTION	ON OF HAZARDOUS WA	STES			Section 1							
		erse of this form and provide	the requested information	on.	-								
	FPA Form 8700-12	(6.80)		- 40	00		CONTINU	E ON REVERS	E _				

in the unshaded areas only.

No. 0246-EPA-OT

Please print or type with ELITE type (12 char-

INSPECTION REVIEW FORM

NAME OF FACILITY: Bendix autolight Corp.	
ID NO. OHD 066046228	•
LOCATION: (Address): 600 North Union Street	
Fostoria Ohio 4483	O
OPERATION: G T TSD (Circle Appropriate)	
INSPECTOR S F J	
DATE OF INSPECTION: 9-29-81	
NAME OF REVIEWER & DATE: Paul Dimoch	2-22-82
COMPLIANCE STATUS (circle one) IN OUT	
VIOLATION CLASSIFICATION: None I II III	
STATE ACTION:	
•	
RECOMMENDED ACTION:	
NONE MONITOR STATE LETTER ADMINISTRATIVE COMPLAINT	REFERRAL
ASSTENEE:	•
DATE ASSIGNED:	
cc: Unit Inspection Log	•

INSPECTION REVIEW FORM

NAME OF FACILITY: Bendix a	utalite 4	op	
ID NO. OHO 066 046 ZZ	8		•
LOCATION: (Address): 600 N.			·
- Postoria	Ohio 44	839	
OPERATION: (Circle Appropriate)	• 1	TSD	•
INSPECTOR	F	J	
DATE OF INSPECTION: 2-19-82 NAME OF REVIEWER & DATE: Faul N	Dimork	·	3-18-82
COMPLIANCE STATUS (circle one) VIOLATION CLASSIFICATION: None)	OUT	
STATE ACTION:			
RECOMMENDED ACTION:		•	
NONE MONITOR STATE LETTER	ADMINISTRATIV	/E COMPLAINT	REFERRAL
ASSTONEE:	•		•
DATE ASSIGNED:			
cc: Unit Inspection Log		•	